

Maryland MOLST Training Activity Report

Name of Trainer: _____

Date of Training:

County of Training: _____

In the table below, enter the number of each of the professions that attended training. If you don't know the exact number, please put your best estimate.

Professions	Number	Profession	Number
Physician		Care Manager	
Nurse Practitioner		Pharmacist	
Physicians Assistant		Dietician	
Psychologist		Pastoral Care	
RN		Lawyer	
LPN		Ombudsman	
CNA		Administrator	
CMT		Other Professional	
Social Worker		Public	

In the table below, please list all of the health care facilities and programs that sent at least one individual to your training activity today.

Facilities and Programs

Fax the completed form to 410-402-8211 or email to:
marylandmolst@dhmh.state.md.us